

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-20-066

Issue date: 4/28/2020

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Case Management Monitoring During COVID-19		
Policy/rule number(s):	OAR 411-415	Release number:	
Effective date:	April 22, 2020	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

The purpose of this transmittal is to provide support and guidance to case management entities around monitoring of health and safety of individuals during the COVID-19 pandemic. Monitoring at this time should include discussion around overall health and safety, COVID-19 precautions and plans if illness occurs, and individual needs during the pandemic.

Implementation/transition instructions:

Monitoring During COVID-19

During the time of the COVID-19, frequent monitoring is important to ensure health and safety. This is true whether the individual is deemed to be high risk or not. Frequency of monitoring expectations have not changed and may need to be increased during COVID-19. Case managers should discuss with individuals to establish the appropriate amount of contact.

While monitoring cannot occur in person at this time, teleconferencing is a valuable alternative. The goal of these contacts is to assess overall physical and mental health, safety (including risk of abuse, neglect, and/or exploitation), provider accessibility and involvement, and helping individuals navigate this challenging time. **Some questions to consider include:**

1. Does the individual report and appear to be safe in their current environment?
 - a. Mental health
 - b. Social connections
 - c. Signs of abuse, neglect, exploitation
2. What supports and services (natural and paid) is the individual currently receiving during COVID-19?
 - a. Has this changed due to COVID-19? If so, are needs being met?
 - b. What is the backup plan if caregivers are unavailable or become sick?
3. Does the individual have any current health concerns?
 - a. COVID-19 related symptoms or been around others with COVID-19 symptoms?
 - b. Do they understand the importance of hygiene and preventative measures?
 - c. Non-COVID related illnesses
4. Does the individual have any new needs or concerns as a result of the Stay Home Stay Safe Executive Order? Any difficulties with staying home?
5. Does the individual have the necessary supplies, including groceries?
 - a. If not, what supports might help?
6. Does the person or family need information on what to do if they become sick and/or need to be hospitalized? Do they need information on their rights if hospitalized?
 - a. What is the individual's plan for medical treatment and support if they were to need to be hospitalized for COVID-19?
 - b. What supports would they need in getting to the hospital? What would they need to take with them?
 - c. Would they like to have a conversation to document their preferences for medical treatment?
 - d. Is there someone they trust that they'd like to have this conversation with?
 - e. What kind of forms do they think they would get? How would they get help

with the forms or other documents?

f. *See fact sheet for more information.*

7. What supports does the individual need around COVID-19?

- a. Contacting Doctor, Case Manager, others
- b. Following the Stay Home Stay Safe Executive Order
- c. Any other needs

High Risk Individuals

COVID-19 has shown to have more significant symptoms for individuals who have preexisting conditions including chronic lung conditions, diabetes, and heart conditions. Individuals who live alone without family support, those who reside at a residential setting which may have limited staff, and individuals 60 years of age or older are also considered high risk. Contact with the individual and/or their support system should include conversations around end of life planning ([General End of Life Guidance](#), [Medical Rights during COVID-19](#), [Rights during COVID-19 Resources](#)).

Some questions to consider include:

1. What medical, behavioral, and/or environmental needs does the individual have that put them at high risk due to COVID-19?
2. Do the person's back-up plans address these needs? What modifications and supports are needed?
3. Does the individual have end-of-life plans in place?
 - a. If so, are there any modifications that need to be made at this time?
 - b. If not, what supports does the individual need to establish a plan?

Medical High Risk:

1. What conditions does the individual have that create a heightened risk for complications due to COVID-19? Are these being addressed and mitigated?
2. Does the person need to contact a specialist for these medical conditions?
3. Have they had conversations with them about COVID-19 related risks? Do these risks create immediate concerns around health and safety (e.g., diagnosis of severe asthma with a history of needing intubation or diabetes with a history of blood sugars becoming dangerously unstable due to unstable glucose levels)?
4. Are the medications, treatments, equipment, or supports needed in place due to these conditions and risks? How often do they come, and is there a contingency plan should one of these not be available?

Behavioral High Risk:

1. What behavioral concerns does the individual have that place them at a heightened risk for infection and complications due to COVID-19?
2. When was the last time the individual saw their therapist, psychiatrist, support group, etc.?
3. Does the individual have a PBSP? Does it continue to meet the individual's needs? Is there a need for a revision? Have all current/potential paid/non-

- paid/family members been trained on its implementation?
4. Are the medications, treatments, equipment, or supports specific to the behavioral/psychiatric conditions available? How often do they come, and is there a contingency plan should one of these not be available?

Risk Due to Lack of Access/Resources:

1. What about the individual’s current living arrangement places them at elevated risk due to COVID-19? Does the individual have daily housing?
 - a. What support does the individual need in accessing housing resources? What referrals/resources can you provide to the individual?
2. How far away is the person’s home from a hospital?
3. Does the individual have access to transportation to get to and from the doctor? Do they have access to transportation to get to the pharmacy?
4. Are there medications, treatments, supports, or medical appointments/care that the individual has been unable to obtain because of distance from the closest medical provider **OR** because of the impact of homelessness and poverty?

Training/communication plan:

Question from Case Management Entities may be sent to ODDS.FieldLiaison@dhsosha.state.or.us and will be addressed during regularly scheduled weekly webinars for CMEs and COVID-19.

If you have any questions about this policy, contact:

Contact(s): ODDS COVID-19 Team	
Phone:	Fax:
Email: ODDS.FieldLiaison@dhsosha.state.or.us	